

Entered - 03-08-01 - sb
CL 01L0171 - GWENDOLYN BURNS

CLAIM OF: ALFRED J. JOHNSON
2232 Bonnybrook Way
Atlanta, Georgia 30311

01-*R*-0503

For vehicular damages alleged to have been sustained as a result of a vehicular accident on February 6, 2001 at 530 Overbrook Drive, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ALFRED J. JOHNSON** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a vehicular accident on February 6, 2001 at 530 Overbrook Drive, NW., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. Gray DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0171

Date: March 16, 2001

Claimant /Victim ALFRED J. JOHNSON
BY: (Atty) (Ins. Co.) _____
Address: 2232 Bonnybrook Way, Atlanta, Georgia 30311
Subrogation: _____ Claim for Property damage \$ 2,143.74 Bodily Injury \$ _____
Date of Notice: 3/5/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X
Date of Occurrence 2/6/01 Place: 530 Overbrook Drive, NW
Department PUBLIC WORKS Division Street
Employee involved John F. Westerfield Disciplinary Action: Pending Review

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was rear ended by a city vehicle. The city employee was cited for "following too closely".

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver X Claimant Driver _____

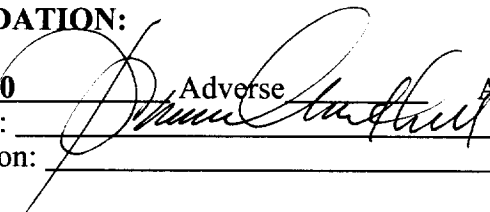
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 3/16/01
Committee Action: _____ Council Action _____

BURNS
03/08/01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: Feb. 28, 2001

MAR - 5 2001

ENTERED - 3-8-01 - SB
01L0171 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2143.74 property and/or \$ 0.00 bodily injury for which I contend the City is liable.

1. Date of incident: Feb. 06, 2001 2. Time of Incident: 14:23 3. Police called: ☒ Yes ☐ No
(month/day/year) Corner of:

4. Location of incident (including street address): 530 Overbrook Dr. N.W. and Evergreen LN NW

5. Name of your insurance company: GEICO Policy No. 1628-20-71

6. State what and how incident occurred: _____

I was stopped for the stop sign and was hit by City of Atlanta vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Mercury 1991 264 MAP Alfred Joseph Johnson
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Ford Westerfield, John Francis Tech SRVS
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Angela Presser 5055 Old Winder Hwy. 770-967-2083
(Name) (Address) (Telephone Number)
Braselton, Ga. 30317

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Alfred J. Johnson
Signature of Claimant

Alfred J. Johnson
(Print Claimant's Name)

2232 Bennybrook Way
(Address)

Atlanta Ga. 30311
(City, State and Zip Code)

N/A 404-344-6786
(Work Number) (Home Number)

01-R-0503